

## MEDICARE MANDATORY INSURER REPORTING – DATA COLLECTION

Health insurance carriers and third-party administrators (TPAs) in a self-insured group health plan (generally the entity processing claims for the group health plan) are considered Responsible Reporting Entities (RREs) and are required to report certain data to the Centers for Medicare and Medicaid Services (CMS). This data is being used to better identify situations where the group health plan is (or should be) paying primary to Medicare.

Many RREs have reported difficulty in obtaining the information necessary to file a complete report to CMS. In particular, the collection of social security numbers and Medicare health insurance claim numbers (HICN) from covered participants has been burdensome.

CMS has issued an Alert and a sample letter to assist the RREs in securing this information. Subscribers and their dependents are asked to cooperate by furnishing this information upon request. If the RRE chooses to use the model letter, CMS will consider the RRE in compliance for purposes of the reporting requirement if:

- A signed copy of the model letter is obtained (even if the individual is later discovered to be a Medicare beneficiary);
- Each year the individual re-signs and dates the letter; and
- The RRE retains a copy of this documentation.

If an individual elects not to provide the information, there is a section in the letter for the individual note their refusal to cooperate. It appears the RRE will avoid the application of any penalties, provided they have this letter completed and signed annually from individuals.

### **What does this mean for employer-sponsored health programs?**

Your insurance carriers or TPAs may be requesting the social security number or HICN of certain individuals covered by your plan. As described above, this is in order to comply with their reporting requirements as RREs.

While the reporting responsibility generally resides with the insurance carrier or TPA, employers may be called upon by the carrier or TPA to assist in this collection process. CMS encourages employers to promptly respond and cooperate with requests made by the RRE.

Ways the employer may be asked to assist in this process include:

- Compiling information in order to determine whether an employee (or the employee's spouse or dependent) is entitled to Medicare.
- Providing the RRE with the number of part-time and/or full-time employees employed by the employer.

CMS indicates that if this new reporting requirement is successful, they will consider asking Congress to eliminate the current employer responsibilities with respect to the CMS Data Match program.

For more information, see:

- General Information  
[www.cms.hhs.gov/MandatoryInsRep/](http://www.cms.hhs.gov/MandatoryInsRep/)
- Alert: Compliance Guidance regarding HICNs/SSN for Group Health Plan Reporting  
[www.cms.hhs.gov/MandatoryInsRep/Downloads/ALERTGuidance%20ForHICNsSSNs.pdf](http://www.cms.hhs.gov/MandatoryInsRep/Downloads/ALERTGuidance%20ForHICNsSSNs.pdf)
- HICN/SSN Collection – GHP Model Language  
[www.cms.hhs.gov/MandatoryInsRep/Downloads/RevisedHICNSSNForm081809.pdf](http://www.cms.hhs.gov/MandatoryInsRep/Downloads/RevisedHICNSSNForm081809.pdf)
- Alert to Employers  
[www.cms.hhs.gov/MandatoryInsRep/Downloads/AlertToEmployers050609.pdf](http://www.cms.hhs.gov/MandatoryInsRep/Downloads/AlertToEmployers050609.pdf)

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